Billed Entity Applicant #: 131976 Applicant's Form Identifier: DMPS4710101

Contact Person: Greg Davis Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s) Page 237 of 319

FRI	N #	(to be assigned by	signed by administrator)							
11	Category of Service (only ONE cat O Telecommunications Services	O Internet Access Internal Connections	15	Contract Number (if available; us "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D					
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A					
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000					
13	SPIN - Service Provider Identification Number: 143004340		18	Contract Award Date (mm/dd/yyyy)	01/12/2001					
	}		19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A					
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002					
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an At	_	on of components and costs, plus any	elow. Attachment # <u>USFATCH0104</u>					
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this	service.		999 -					
23	Calculations	b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksneet,	fist the worksheet number:						
23	CARCUIALIVIIS									

	Recu	rring Charges	7		Non	-Recurring C	harges	Total Charges			
A	В	С	D	E	F	Ğ	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	7,500	0	7,500	7,500	40%	\$3,000	

· <u> </u>	(***								
Bille	d Emy A	pplicant #: 13	1976				Appant's I	orm Id	entifie	er: DMP	S47101	01			
Cont	act Person	Greg Day	vis				Phone Numb	er: 5	15-24	2-7773					
BLC	OCK 5: Di	scount Funding	g Reque	est(s)					Page	238 of 319					
Instri numl	er the comp	e one Block 5 pag pleted pages to ass	ge for EA sure that	CH serv they are	ice (Funding label) all processed	Request Numb	er) for which y	ou are r	equest	ing discounts. Ma	ike as ma	any copie	s of this page a	is necessary, and	
FRI	V #					(to be	assigned by	admi	nistra	ator)					
11		of Service (only (_		ed) ● Internal Co	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)						RFP #00-48D		
12	Form 470	Application Nu	ımber:		7043	340000296620		16	B (e	illing Account Nu .g. billed telephon	i <mark>mber:</mark> e numbe	r)	N	/A	
								17		llowable Vendor Se ontract Date: (mm			12/12	/2000	
13	3 SPIN – Service Provider Identification Number: 14300434						18 Contract Award Date (mm/dd/yyyy)						01/12/2001		
								19a Service State Date (mm/dd/yyyy)						/2001	
14	Service Pr	ovider Name			Dell	Marketing L	P	19b Service End Date (mm/dd/yyyy) 20 Contract Expiration Date (mm/dd/yyyy)						/A /2002	
21	Description	n of this Service:							own of	components and cos note number in space			Attachment #	USFATCH0104	
22	Entity/Ent Service:	tities Receiving thi	is	Nu	mber of the ent	ity from Block	4 receiving this s	ervice.		y others), list the En		58940 -			
					the service is sh g. A-1)	ared by all entit	ies on a Block 4	workshe	et, list t	the worksheet number	er:				
23	Calculatio	ns 													
		Recu	rring Cl	harges			Non	-Recuri	ring C	harges			Total Charge		
A B C D E							F	G	-	Н		Í	J	K	
Monthly \$ charges (total amount for service) How much of the \$ amount in (A) is ineligible? Eligible month pre-discount amount (A minus B)				scount ount	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How me the \$ ar in (F ineligi	nount) is	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	year pre- \$ aп	rogram discount ount & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0 0 0 0							7,500	0		7,500	7,5	500	50%	\$3,750	

Bille	d Entity A _l	oplicant #: 13	1976			Applicant's Form Identifier: DMPS4710101								
Cont	act Person:	Greg Dav	vis			Phone Numb	er: 515-2	242-7773						
BLO	CK 5: Di	scount Funding	g Request(s)				Pag	ge 239 of 319						
Instru numb	etions: Use er the comp	one Block 5 pag leted pages to ass	e for EACH s sure that they	ervice (Funding are all processed	Request Num l correctly.	ber) for which	you are reque	esting discounts. M	ake as many cop	ies of this page a	is necessary, and			
FRN						e assigned by	y administ	trator)						
11		of Service (only (_	should be check ernet Access	ed) ● Internal C	Connections		Contract Number (if "T" if tariffed service month-to-month servi described in instruction	, "MTM" if ices as	RFP#	00-48D			
12	Form 470	Application Nu	mber:	704	24000020462	0	i .	Billing Account No	I	N	/A			
	1_			704	34000029662	U	17	(e.g. billed telephor Allowable Vendor So Contract Date: (mm	election/	12/12/2000				
13		vice Provider ion Number:			143004340		Contract Award Date (mm/dd/yyyy)			01/12	/2001			
						19a Service State Date (mm/dd/yyyy) 19b Service End Date (mm/dd/yyyy)					/2001 /A			
14	Service Pr	ovider Name	··	Del	Marketing L	∠P	20	Contract Expiration (mm/dd/yyyy))/2002				
21	Description	n of this Service:					ig breakdown	of components and cond note number in spa		Attachment #	USFATCH0104			
22	Entity/Ent Service:	ities Receiving thi	s a. I			ided to one site at 4 receiving this		by others), list the Ent	ity 184709					
	ļ							he worksheet number:						
23	Calculatio	ns	······································			····								
		Recu	rring Charge	\$		Non-Recurring Charges Total				Total Charge	5			
	A	В	С	D	E	F	G	н	I	J	K			
Month	ly \$ charges	How much of the	Eligible month	y # of months	Annual pre-	Annual non-	How much o	f Annual eligible	Total program	% discount	Funding			

recurring (one

time) \$

charges

7,500

the \$ amount

in (F) is

ineligible?

0

pre-discount \$

amount for one-

time charges

(F minus G)

7,500

year pre-discount

\$ amount

(E & H)

7,500

(from Block 4

worksheet)

60%

\$ amount in (A) is ineligible?

0

pre-discount

annount

(A minus B)

0

service

provided in

program year

0

discount for

eligible

recurring

charges

(C x D)

0

(total amount for

service)

0

The state of the s

Commitment \$

Request

(I x J)

\$4,500

Bille	i Em	oplicant #: 13	1976				Appl. s I	Form Ident	ifier: DN	4PS4710101			
Conta	act Person:	Greg Day	vis				Phone Numb	er: 515	-242-7773				
BLO	CK 5: Di	scount Funding	g Reque	est(s)				Pa	age 240 of 31	9			
Instru numb	ctions: Use er the comp	one Block 5 pag eleted pages to as	ge for EA sure that	CH serv they are	vice (Funding all processed	Request Num	ber) for which	you are requ	esting discounts.	Make as many copi	es of this page	as necessary, and	
FRN	#					(to be	e assigned by	y adminis	strator)				
11		of Service (only (-		ed)	Connections Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)					00-48D	
12	Form 470	Application Nu	mber:		7043	34000029662	Billing Account Number: (e.g. billed telephone number)				N	/ A	
				•				17	Allowable Vendor Contract Date: (n		12/12	2/2000	
13		vice Provider ion Number:				143004340		18 Contract Award Date (mm/dd/yyyy) 01/12/2001					
į								19a 19b	Service State Date		07/01/2001		
4	Service Pr	ovider Name			Dell	Marketing I	,P	20					
21	Description	n of this Service:							of components and	costs, plus any pace provided below.	Attachment	USFATCH0104	
22	Entity/Ent Service:	ities Receiving thi	is	Ni	imber of the ent	ity from Block	4 receiving this	service.	ed by others), list the				
					g. A-1)	ared by all elli	illes oil a Block 4	worksheet, i	ist the worksheet har	noci.			
23	Calculatio	ns 											
		Recu	rring C	harges			Nor	1-Recurrin	g Charges		Total Charge		
	A	В	(2	D	E	F	G	Н	I	J	К	
(total	ly \$ charges amount for ervice)	mount for samount in (A) pre-discount service discount provided in eligible? (A minus B) program year recurr charge			Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much the \$ amou in (F) is incligible	nt pre-discount \$ amount for one-	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)		
0 0 0 0							7,500	0	7,500	7,500	60%	\$4,500	
				, ,									

3.11.	d Ent	li	1056			 ,	* * * * * * * * * * * * * * * * * * * *	* ***	DC 4510101			
	act Person:	pplicant #: 13		· · · · · · · · · · · · · · · · · · ·			orm Identif		PS4710101			
						Phone Numb		242-7773				
LO	CK 5: Di	scount Fundin	g Request(s	5)			Pag	ge 241 of 319				
tn mb	ctions: Use er the comp	e one Block 5 pag pleted pages to as	ge for EACH sure that they	service (Funding are all processed	Request Numl correctly.	ber) for which y	ou are reque	esting discounts. M	ake as many copi	es of this page	as necessary, and	
٤Ŋ	#				(to be	assigned by	administ	rator)				
		of Service (only (y should be check nternet Access	ed) • Internal C	month to month convices as					00-48D	
_	Form 470	Application Nu	mber:	704	340000296620	n	16	N	/A			
				704.	340000270020	,	17	(e.g. billed telephor Allowable Vendor S Contract Date: (mm	election/	12/12	2/2000	
		rvice Provider			143004340		18	Contract Award Date (mm/dd/yyyy)	2/2001			
					175004540			Service State Date (1	mm/dd/yyyy)		1/2001	
		·					19b	Service End Date (m		N/A		
	Service Pro	ovider Name		Dell	Marketing L	P		Contract Expiration (mm/dd/yyyy)	06/30/2002			
		n of this Service: ities Receiving thi	rele	evant brand names.				of components and cond note number in spa		Attachment #	# <u>USFATCH010</u>	
	Service:		Nu b.	mber of the entity fi If the service is sh	rom Block 4 rec	eiving this service	e	by others), list the Er		943 –		
			Nu b.	mber of the entity fi	rom Block 4 rec	eiving this service	e)43 –		
	Service:	ns	Nu b.	mber of the entity for If the service is slag. A-1)	rom Block 4 rec	eiving this service ties on a Block 4	e	t the worksheet numb		70tal Charge	s	
	Service:	ns	Nu b. (e.	mber of the entity for If the service is slag. A-1)	rom Block 4 rec	eiving this service ties on a Block 4	e. worksheet, lis	t the worksheet numb			s K	
total	Service: Calculatio	ns Recu	Nu b. (e.	mber of the entity filthe service is sign A-1) ges D thly # of months service provided in	rom Block 4 rec nared by all enti	eiving this servic ties on a Block 4 Non	e. worksheet, lis -Recurring	Charges H Annual eligible	per:	Total Charge		

Billed Ently applicant #: 131976	Appli s Fori	n Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)		Page 242 o	f 319

FR	N #	(to be assigned b	y admini	istrator)	
11	Category of Service (only ONE ca O Telecommunications Services	tegory should be checked)	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an A			w. Attachment # <u>USFATCH0104</u>
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this		-	
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)		list the worksheet number:	
23	Calculations				

	Recu	rring Charges			Nor	-Recurring C	harges	Total Charges			
A	В	C	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000	

	<u> </u>						1						
Bille	d Entity A	pplicant #: 13	1976				Applicant's I	orm Identifi	er: DMI	PS4710101			
Cont	act Person:	Greg Dav	/is				Phone Numb	er: 515-2	42-7773				
BLC	OCK 5: Di	scount Funding	g Reque	est(s)	,	······································		Page	e 243 of 319				
Instru numb	ictions: Use per the comp	one Block 5 pag pleted pages to ass	e for EA sure that	CH serv they are	ice (Funding lall processed	Request Numb correctly.	per) for which y	you are reques	ting discounts. Ma	ake as many copie	es of this page a	as necessary, and	
FRN	V #					(to be	assigned by	y administr	ator)				
11		of Service (only (mmunications Se				ed) ● Internal Co	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)				RFP #00-48D		
12	Form 470	Application Nu	mber:		7043	340000296620)	16 I	Billing Account Nue.g. billed telephor	umber:	N	/A	
									llowable Vendor Scontract Date: (mm		12/12	2/2000	
13	3 SPIN – Service Provider Identification Number: 14300434							18 Contract Award Date (mm/dd/yyyy)			01/12/2001		
									ervice State Date (1			/2001	
	6								ervice End Date (m		N/A		
14		ovider Name			Dell	Marketing L	P		Contract Expiration mm/dd/yyyy)	Date	06/30/2002		
21	Descriptio	n of this Service:							f components and co I note number in spa		Attachment #	# USFATCH0104	
22	Entity/Ent Service:	ities Receiving thi	s				vided to one site 4 receiving this		by others), list the En	stity 59004 -			
				b. If	the service is sh g. A-1)	ared by all entit	ies on a Block 4	worksheet, list	the worksheet numb	er:			
23	Calculatio	ns		L				<u> </u>					
		Recu	rring Cl	narges			Nor	-Recurring (Charges		Total Charge	s	
	A	В	(2	D	E	F	G	Н	I	J	К	
Monthly \$ charges (total amount for service) Ilow much of the \$ amount in (A) is ineligible? Eligible monthly pre-discount amount (A minus B)				scount ount	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	

0

7,500

7,500

50%

\$3,750

0

0

0

0

	4)								
Bille	d Entry Ap	pplicant #: 131	1976			Applicant's F	orm Iden	tifier:	DMP	S4710101				
Cont	act Person:	Greg Dav	ris			Phone Numb	er: 515	5-242-	-7773					
BLC	CK 5: Di	scount Funding	g Request(s)		L	Page 244 of 319								
Instru numb	ictions: Use er the comp	one Block 5 pag leted pages to ass	e for EACH serv sure that they are	vice (Funding all processed	Request Numl correctly.	ber) for which y	ou are req	uesting	g discounts. Ma	ike as many copi	es of this page a	is necessary, and		
FRN	V #			······································	(to be	assigned by	/ admini	istrate	or)					
11		of Service (only Communications Se					15	Cont "T" i	tract Number (if if tariffed service, th-to-month service ribed in instruction	"MTM" if	RFP#	00-48D		
12	Form 470	Application Nu	mber:	704	340000296620)	16	Billi (e.g.	ing Account Nu . billed telephon	mber: e number)	N	/A		
						17 Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)					12/12/2000			
13	į.	rvice Provider ion Number:			143004340		18	(mm/dd/yyyy)				/2001		
							19a		vice State Date (m		07/01/2001 N/A			
14	Service Pr	ovider Name		Dell	Marketing L	P	19b 20	Con (mm		/A //2002				
21	Descriptio	n of this Service:						n of co	omponents and cos	ets, plus any the provided below.	Attachment #	USFATCH0104		
22	Entity/Ent Service:	ities Receiving thi	b. If	umber of the en the service is st	tity fr <u>om Block</u>	4 receiving this s	service.		others), list the Ent					
23	Calculatio	ns	(e.	g. A-1)						<u>L</u>				
	<u></u>	Recu	rring Charges			Non-Recurring Charges Total C				Total Charge	s			
A B C D E						F	G		Н	I	J	К		
	nly \$ charges	How much of the	Eligible monthly	# of months	Annual pre-	Annual non-	How much		Annual eligible	Total program	% discount (from Block 4	Funding		

Billed Ent., Applicant #: 131976	Appli. h's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 245 of 319
Instructions: Use one Block 5 page for EACH service (Funding Request N number the completed pages to assure that they are all processed correctly	Number) for which you are requesting discounts. Make as many copies of this page as necessary, and
FRN# (to	o be assigned by administrator)
11 Category of Service (only ONE category should be checked)	15 Contract Number (if available: use

PKI	N #	(to be assigned by	y admini	strator)				
11		egory should be checked) O Internet Access Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D			
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A			
<u></u>			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000			
13	SPIN - Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001			
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A			
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002			
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an A		n of components and costs, plus any	elow. Attachment # USFATCH0104			
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.						
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:				
23	Calculations	· · · · · · · · · · · · · · · · · · ·						

	Recu	rring Charges			Non	-Recurring C	harges	Total Charges			
A	В	C	D	E	F	G	H	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	7,500	0	7,500	7,500	90%	\$6,750	

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						- 1						
Bille	ed En, A	pplicant #: 13	1976			Appli s l	orm Identific	er: DM1	PS4710101	,, <u> </u>		
Con	tact Person:	Greg Day	vis	· · · · · · · · · · · · · · · · · · ·		Phone Numb	er: 515-24	2-7773				
BLO	OCK 5: Di	scount Funding	g Request(s)				Page	246 of 319				
Instr num	uctions: Use ber the comp	e one Block 5 pag pleted pages to as	ge for EACH se sure that they a	rvice (Funding re all processed	Request Num	ber) for which	you are request	ing discounts. M	ake as many copie	es of this page a	as necessary, and	
FRI	N #		·		(to be	e assigned b	y administra	ator)				
11	1	of Service (only (mmunications Se					15 C ""	ontract Number (if "if tariffed service onth-to-month servi	, "MTM" if ces as	RFP#	00-48D	
12	Form 470	Application Nu	mber:	704	34000029662	<u> </u>	16 B	illing Account No. g. billed telephor	ımber:	N	/A	
							17 A	llowable Vendor So ontract Date: (mn	election/	12/12/2000		
13		rvice Provider tion Number:			143004340			ontract Award Dat nm/dd/yyyy)	te	01/12	2/2001	
								ervice State Date (r			/2001	
14	Camilia Da							ervice End Date (m		N/A 06/30/2002		
		ovider Name			Marketing L		(r	ontract Expiration nm/dd/yyyy)		06/30)/2002	
21	Descriptio	n of this Service:						components and co note number in spa				
22	Entity/Ent Service:	ities Receiving thi	}	Number of the en	itity from Block	4 receiving this	service.	y others), list the En				
				f the service is slee, g. A-1)	hared by all enti	ities on a Block 4	worksheet, list (he worksheet numb	er:			
23	Calculatio	ns										
Recurring Charges							n-Recurring C	harges		Total Charge	s	
	A	A B C D E F G H						Н	I	J	K	
(total amount for service) \$ amount in (A) pre-discount provided in (A minus B) program year (C x D) \$ amount for service discount for recursing charges (C x D)					Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)		
	n	n	Ι Λ	1 0	1 0	■ 7.500	1 0	1 7.500	■ 7.5nn	1 60%	i \$4.500	

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1 T										·				
	<u>_</u>								PS4710101					
·														
CK 5: Di	scount Funding	g Reque	st(s)			<u> </u>	Pag	e 247 of 319						
ictions: Use per the comp	one Block 5 pag eleted pages to as	e for EA	CH serv they are	ice (Funding) all processed	Request Num correctly.	ber) for which	you are reques	sting discounts. M	ake as many copie	es of this page a	as necessary, and			
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ome	d Enlar A	pplicant #: 13	1976				Appi. 's Form Identifier: DMPS4710101							
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3	1	rvice Provider				143004340		18	Contract Award Da mm/dd/yyyy)		<u></u>			
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	Description	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below								Attachment #	USFATCH010			
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	0			0	0		7,500	0	7,500	7	500	80%	\$6,000	

Billed Entity Applicant #: 131976	Applicant's Form	Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)		Page 249 o	f 319

FRN	1 #	(to be assigned by	admin	istrator)				
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked)	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D			
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A			
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000			
13	SPIN – Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001			
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14	Service Provider Name	Dell Marketing LP	19b 20	Service End Date (mm/dd/yyyy) Contract Expiration Date (mm/dd/yyyy)	N/A 06/30/2002			
21	Description of this Service:	You MUST attach a description of the service, includin relevant brand names. Label this description with an At		n of components and costs, plus any	ow. Attachment # USFATCH0104			
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:						
23	Calculations	b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksneet,	iist the worksheet number.				

	Recu	rring Charges			Nor	1-Recurring C	harges	Total Charges			
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3illed En	11, Ap	oplicant #: 131	1976			İ	Appli. It's Form Identifier: DMPS4710101							
Contact P	Person:	Greg Day	vis				Phone Numb	er: 515-2	242-7773					
BLOCK	5: Dis	scount Funding	g Requ	est(s)				Pag	ge 250 of 319					
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3 Cal	lculation	ns	_	(e.	g. A-1)					L				
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0	0	Ō	0	7,500	0	7,500	7,500	50%	\$3,750	
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Billed Entity Applicant #: 131976	Applicant's Form	dentifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)	<u></u>	Page 252 of	319

FR	N#	(to be assigned by	y admini	istrator)		
11	Category of Service (only ONE category of Services O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; "T" if tariffed service, "MTM" i month-to-month services as described in instructions)		RFP #00-48D
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number	·)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)		12/12/2000
13	SPIN – Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)		01/12/2001
_			19a 19b	Service State Date (mm/dd/yyy Service End Date (mm/dd/yyy		07/01/2001 N/A
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)		06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includir relevant brand names. Label this description with an A				Attachment # USFATCI10104
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this	service.			
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	265517	
23	Calculations					

	Recu	rring Charges			Nor	-Recurring C	harges		Total Charge	s
A	В	C	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is incligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	100,000	0	100,000	100,000	63%	\$63,000

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Contact Person	: Greg Day	/is				Phone Numb	er: 515	-242-7773				
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Instructions: Us number the comp	e one Block 5 pag pleted pages to ass	e for EA	CH serv	ice (Funding lall processed	Request Numl	ber) for which	you are requ	esting discounts. M	ake as m	any copie	es of this page a	s necessary, and
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12 Form 470	Application Nu	mber:		704	340000296620	<u> </u>	16	Billing Account No.	umber:	21)	N	/A
				704.	740000270020	,	17	Allowable Vendor S Contract Date: (mn	election/		12/12	/2000
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				•	173007000		19a	Service State Date (1	mm/dd/yy	ryy)	07/01	
							19b	Service End Date (m			N	
4 Service Pr	rovider Name			Norstan	Communica	tions	20	Contract Expiration (mm/dd/yyyy)	Date		06/30	/2002
21 Descriptio	on of this Service:							of components and co and note number in spa			Attachment #	USFATCH0105
2 Entity/En	tities Receiving thi	s				vided to one site a		d by others), list the Er	ntity		58991	-
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3 Calculatio	ons		75.5	<u> </u>					····	·	· · · · · · · · · · · · · · · · · · ·	
	Recu	rring Cl	narges			Nor	-Recurring	g Charges			Total Charges	3
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)	0	0	5,000	0	5,000	5	000	80%	\$4,000

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Cont	act Person:	Greg Da	vis				Phone Numb	er: 51:	5-24	2-7773				
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11	ĺ	of Service (only of Service)				ed) • Internal Co	onnections	15	"T mo	ontract Number (if if tariffed service, onth-to-month servicescribed in instruction	"MTM" if ces as		RFP#	00-48E
12	Form 470	Application Nu	mber:		7043	340000296620)	16	Bi (e.	illing Account Nu .g. billed telephon	ımber: e number)		N.	/A
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21	Descriptio	n of this Service:								components and cos note number in space		low.	Attachment #	USFATCH0105
22	Entity/Ent Service:	ities Receiving thi	is	Nu	imber of the ent	ity from Block	4 receiving this s	service.		y others), list the En		05 -		
					the service is sh g. A-1)	ared by all entit	ies on a Block 4	worksheet,	, list tl	he worksheet numbe	er:	···		·
23	Calculatio	ns												
		Recu	rring C	harges			Non	-Recurrii	ng Cl	harges	, , , , , , , , , , , , , , , , , , ,	ו	Total Charges	
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							Phone Numb		242-7773		··	
	<u>-</u>	scount Fundin						Pag				
Instr	ections: Use per the comp	e one Block 5 pag oleted pages to as	ge for EA sure that	CH serv they are	ice (Funding label) all processed	Request Num correctly.	ber) for which y	ou are reque	sting discounts. M	ake as many copi	es of this page	as necessary, and
FRI							assigned by					
11		of Service (only (_	ould be checkenet Access	ed) ● Internal C	onnections		Contract Number (in "T" if tariffed service month-to-month service described in instruction	, "MTM" if ices as	RFP #	00-48E
12	Form 470	Application Nu	ımber:		7043	34000029662	0		Billing Account No (e.g. billed telephor	ne number)	N	/A
								1	Allowable Vendor S Contract Date: (mm		12/12	2/2000
13	l	rvice Provider tion Number:				143007606		(- 🗸 (Contract Award Dar (mm/dd/yyyy)	te		2/2001
									Service State Date (1			/2001
14	Service Provider Name Noveton Com								Service End Date (m			//A
	Service Provider Name Norstan Comm				Communica	tions		Contract Expiration (mm/dd/yyyy)	Date	06/30	0/2002	
21	Description	n of this Service:							of components and cond note number in spa		Attachment #	USFATCH0105
22	Entity/Ent Service:	ities Receiving thi	is	b. If t	mber of the ent	ity from Block	4 receiving this s	service.	by others), list the Er			
23	Calculatio	ns										
		Recu	rring Cl	harges			Non	-Recurring	Charges		Total Charge	s
	A	В	(2	D	E	F	G	Н	I	J	К
(tota	nly \$ charges amount for service)	How much of the \$ amount in (A) is ineligible?	amo	monthly scount ount nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	6	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	(0	0	0	5,000	0	5,000	5,000	90%	\$4,500

												_
		oplicant #: 13	1976				Applicant's F	orm Identif	ier: DMI	PS4710101		
Cont	act Person:	Greg Dav	vis				Phone Numb	er: 515-2	242-7773			
BLC	CK 5: Di	scount Fundin	g Reques	t(s)				Pag	ge 256 of 319		<u> </u>	
Instru numb	octions: Use oer the comp	one Block 5 pag leted pages to as	ge for EAC sure that th	H serv	ice (Funding) all processed	Request Numb correctly.	per) for which y	you are reque	sting discounts. Ma	ake as many copie	es of this page	as necessary, and
FRN	N #					(to be	assigned by	y administ	rator)			
11	Ì	of Service (only on mmunications Se	_	-	ould be checken			15	Contract Number (if "T" if tariffed service, month-to-month servi described in instruction	, "MTM" if ces as	RFP #	00-48E
12	Form 470	Application Nu	mber:		7043	340000296620)	16	Billing Account Nu (e.g. billed telephon	ımber: le number)	N	/A
	(IDA)								Allowable Vendor Se Contract Date: (mm	/dd/yyyy)	12/12	2/2000
13	1	vice Provider ion Number:			1	143007606			Contract Award Dat (mm/dd/yyyy)	e	01/12	2/2001
					•	10001000		19a	Service State Date (n	nm/dd/yyyy)		/2001
									Service End Date (m		N	/A
14		ovider Name				Communicat			Contract Expiration (mm/dd/yyyy)		06/30	0/2002
21	Description	n of this Service:							of components and cos and note number in space		Attachment	# USFATCH0105
22	Entity/Ent Service:	ities Receiving thi	is :	Nu	mber of the ent	ity from Block	4 receiving this s	service.	by others), list the En			
] 1		he service is sh (. A-1)	ared by all entit	ies on a Block 4	worksheet, lis	t the worksheet numb	er:		
23	Calculation	ns	·		, 							
		Recu	rring Cha	arges	 -		Non	-Recurring	Charges		Total Charge	S
	A	В	C		D	E	F	G	Н	I	J	К
(total	nly \$ charges amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible m pre-disce amou (A minu	ount nt	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	0		0	0	5,000	0	7,500	7,500	80%	\$6,000

													•
Bille	d Entily A	pplicant #: 13	1976				Applicant	s Form	ldentifi	er: DMP	S4710101		
Cont	act Person	Greg Da	vis				Phone Nur	nber:	515-24	12-7773			
BLC	OCK 5: Di	scount Fundin	g Reque	st(s)					Page	e 257 of 319			
Instru numl	uctions: Use per the comp	e one Block 5 pag eleted pages to as	ge for EA sure that	CH serv they are	ice (Funding) all processed	Request Num correctly.	ber) for whic	ch you are	e reques	ting discounts. Ma	ike as many c	ppies of this page	as necessary, and
FRI	N #					(to be	e assigned	by adn	ninistr	ator)			
11	Category	of Service (only (ONE cate	gory sho	ould be checke	ed)		1	"	Contract Number (if I'' if tariffed service,	"MTM" if	RFP #	#00-48E
		mmunications Se		O Inter	net Access	• Internal C	onnections			nonth-to-month servicescribed in instruction			
12	Form 470	Application Nu	mber:		7043	34000029662	0	1		Billing Account Nu e.g. billed telephon		Ŋ	i/A
	1		ļ					1	7 A	llowable Vendor Se Contract Date: (mm.	lection/	12/1	2/2000
13		rvice Provider tion Number:				143007606		1	8 C	Contract Award Dat			2/2001
								ļ		ervice State Date (n		·	1/2001
1.4	<u> </u>									ervice End Date (m			I/A
14		ovider Name			Norstan	Communica	itions	2		Contract Expiration mm/dd/yyyy)	Date	06/3	0/2002
21	Descriptio	n of this Service:								f components and cost I note number in space		w. Attachment	# USFATCH0105
22	Entity/Ent Service:	ities Receiving thi	is		he service is sit					by others), list the En	tity 1820	09 -	
					he service is sh	ared by all enti	ties on a Blocl	k 4 worksl	heet, list	the worksheet number	er:		
23	Calculatio	ns	— — —l		<u>, </u>		······································						
		Recu	rring Ch	arges			N	lon-Recu	ırring C	Charges		Total Charge	es ——————
	A	В	C	;	D	E	F		G	Н	I	J	K
(total	nly \$ charges amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible i pre-dis amo (A mir	count unt	# of months service provided in program year	Annual pre- discount for eligible recurring charges	Annual non- recurring (on time) \$ charges	ne the \$ in	much of amount (F) is ligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discou \$ amount (E & H)		Funding Commitment \$ Request (I x J)

0

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5,000

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られる者は最後の機能を大

\$2,000

<u> </u>	d Entil	pplicant #: 13	1976	· · · · · · · · · · · · · · · · · · ·			Appl. s	Form Iden	tifier: DM	PS4710101		
ont	act Person:	Greg Dav	is				Phone Num	ber: 515	-242-7773			
LC	CK 5: Di	scount Fundin	g Requ	est(s)				T _P	age 258 of 319			
str. umb	ctions: Use er the comp	one Block 5 pag oleted pages to as	e for EA	CH serv	ice (Funding l	Request Num correctly.	ber) for which	you are req	uesting discounts. M	lake as many c	opies of this page :	as necessary, and
RN	 #					(to be	assigned l	ov admini	strator)			
		of Service (only on mmunications Se						15	Contract Number ("T" if tariffed service month-to-month service described in instruct	e, "MTM" if vices as	RFP #	² 00-48E
	Form 470	Application Nu	mber:		7043	34000029662	0	16	Billing Account N	lumber:	N	I/ A
								17	Allowable Vendor : Contract Date: (m	Selection/	12/12	2/2000
		rvice Provider tion Number:				143007606		18	Contract Award Da (mm/dd/yyyy)			2/2001
								19a	Service State Date			1/2001
—	Service Provider Name Norstan Con					Communica	tions	19b 20	Service End Date (Contract Expiratio		 	//A D/2002
		Description of this Service: You MUST attach a description relevant brand names. Label the Entity/Entities Receiving this a. If the service is site-special relevant brand names is site-special relevant brand names.				e-specific (pro	ription with an a vided to one sit 4 receiving this	Attachment #, e and not shar s service.	and note number in sp ed by others), list the F	ace provided belontity 5891		# <u>USFATCH010</u>
	Calculatio											
		Recu	rring C	harges			N	n-Recurrin			Total Charge	
	A	В		2	D	E	F	G	Н	I	J	K
	ly \$ charges	How much of the \$ amount in (A)	pre-di	monthly scount ount	# of months service provided in	Annual pre- discount for eligible	Annual non- recurring (one time) \$ charges	How much the \$ amon in (F) is incligible	pre-discount \$ amount for one-	Total program year pre-discou \$ amount (E & H)		Funding Commitment S Request
lotal	amount for ervice)	is ineligible?		inus B)	program year	recurring charges (C x D)	c.mgos		(F minus G)			(I x J)

Bille	ed Entily A	pplicant #: 131	1976				Applicant s I	orm Identi	fier: DM)	PS4710101			
Cont	act Person:	Greg Dav	/is				Phone Numb	er: 515-	242-7773				
BLC	OCK 5: Di	scount Funding	g Reque	st(s)				Pa	ge 259 of 319				
Instri numi	oer the comp	one Block 5 pag leted pages to ass	e for EAG sure that t	CH serv they are	ice (Funding) all processed	Request Numl correctly.	per) for which y	you are requ	esting discounts. M	ake as many copie	es of this page a	is necessary, and	
FRI	V #					(to be	assigned by	y adminis	trator)				
11		of Service (only (•	•		ed) ● Internal C	onnections	15	Contract Number (i. "T" if tariffed service month-to-month servi described in instruction	, "MTM" if ices as	RFP#	00-48E	
12	Form 470	Application Nu	mber:		7043	340000296620)	16	Billing Account No (e.g. billed telephor	umber: ne number)	N	/A	
								17	Allowable Vendor S Contract Date: (mn		12/12	/2000	
13	1	vice Provider ion Number:			1	143007606		18	Contract Award Da (mm/dd/yyyy)	te	01/12	/2001	
	173							19a	Service State Date (1		07/01/2001		
14	Service Provider Name Norstan Cou							19b	Service End Date (m Contract Expiration			/A	
					Norstan	Communica	tions	20	(mm/dd/yyyy)	Date	06/30/2002		
21		n of this Service: ities Receiving thi	s	a. If t	he service is silenteer of the enthe service is should be service in the service is should be service in the service is should be service in the service in the service in the service is should be service in the servi	Label this descr e-specific (provinty from Block	iption with an At vided to one site a 4 receiving this	tachment #, a and not shared service.	of components and co and note number in spa d by others), list the Er st the worksheet numb	ntity 28992 -	Attachment #	USFATCH0105	
23	Calculatio	ns		(e.g	. A-1)		·						
		Recu	rring Ch	arges			Non	-Recurring	Charges		Total Charge	3	
	A	В	C	:	D	E	F	G	Н	I	J	К	
(total	onthly \$ charges How much of the Eligible monthly # of months					Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	t pre-discount \$ amount for one-	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
	0	0	0)	0	0	5,000	0	5,000	5,000	60%	\$3,000	
												\$3,000	

Billed Entity Applicant #: 131976	Applicant's Form	Identifier: DMPS4710101	
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)		Page 260 of 319	

FRI	<u>N#</u>	(to be assigned by	y admini	istrator)	
11	Category of Service (only ONE ca O Telecommunications Services	O Internet Access • Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48E
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143007606	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Norstan Communications	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includir relevant brand names. Label this description with an A	_		ow. Attachment # USFATCH0105
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this	service.		83 -
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations				

	Recu	rring Charges			Nor	n-Recurring C	harges		Total Charge:	S
A	В	С	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is incligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual prediscount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is incligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment S Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	60%	\$6,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 261 of 319
Instructions: Use one Block 5 page for EACH service (Funding number the completed pages to assure that they are all processed	Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and d correctly.

FRN	1 #	(to be assigned l	by admini	istrator)			
11 Category of Service (only ONE ca O Telecommunications Services		O Internet Access • Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48E		
12	Form 470 Application Number:	704340000296620		Billing Account Number: (e.g. billed telephone number)	N/A		
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000		
13	SPIN - Service Provider Identification Number:	143007606	18	Contract Award Date (mm/dd/yyyy)	01/12/2001		
	1			Service State Date (mm/dd/yyyy)	07/01/2001		
			19b	Service End Date (mm/dd/yyyy)	N/A		
14	Service Provider Name	Norstan Communications	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002		
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # USFATCH01					
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:					

23 Calculations

Recurring Charges				Non-Recurring Charges			Total Charges			
A	В	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	90%	\$4,500